

4-30-97 B- 5829 - C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V36133 (9)
 1. Corporation Name
BRITANNIA INDUSTRIAL SAWS INC.



Principal Place of Business 3066 PROSPECT AVE., SUITE 1 WEST PALM BEACH FL 33404	Mailing Address 3066 PROSPECT AVE., SUITE 1 WEST PALM BEACH FL 33404-3343
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3. Date Incorporated or Qualified 05/14/1992	3a. Date of Last Report 02/28/1996
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2. Principal Place of Business 15935 ASSEMBLY LOOP	2a. Mailing Address 7100-37 FAIRWAY DR.	4. FEI Number 65-0340823	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. PALM BEACH PARK of Commodore	Suite, Apt. #, etc. 202 C	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State JUPITER FL.	City & State PALM BEACH GARDENS FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip 33478	Country	Zip 33418	Country

9. Name and Address of Current Registered Agent BEIERMESITER, ELWOOD 1040 S.E. BUTTONWOOD STUART FL 34997	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81 Name NIGEL VINEY NIGEL </td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable) 2006 BONISLE CIRCLE </td> </tr> <tr> <td>83</td> </tr> <tr> <td>84 City PALM BEACH GARDENS FL </td> <td>85 Zip Code 33418 </td> </tr> </table>	81 Name NIGEL VINEY NIGEL	82 Street Address (P.O. Box Number is Not Acceptable) 2006 BONISLE CIRCLE	83	84 City PALM BEACH GARDENS FL	85 Zip Code 33418
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82 Street Address (P.O. Box Number is Not Acceptable) 2006 BONISLE CIRCLE						
83						
84 City PALM BEACH GARDENS FL	85 Zip Code 33418					

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] **4-22-97**

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEIERMEISTER, ELWOOD	1.2 NAME	
STREET ADDRESS	1040 S.E. BUTTONWOOD	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINEY, NIGEL	2.2 NAME	VINEY, NIGEL
STREET ADDRESS	237 RIVER PARK DRIVE	2.3 STREET ADDRESS	2006 BONISLE CIRCLE
CITY-ST-ZIP	JUPITER FL 33477	2.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33418
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] **4-22-97** **410-776-8808**

CR2E034 (9/96)